

REQUIRED DOCUMENTATION FOR CLOSEOUT AND FINAL DRAW

In order to process your request for final disbursement of Olene Walker Housing Loan funds, the following documents need to be executed and returned to Sherie Brinkerhoff. Please submit complete information in a three ring binder, tabbed in numerical order. **Remember, period of affordability does not start until the project is closed in the HUD IDIS system by staff.**

1. Project Source of Funds Statement (Attachment A)
2. Minority Business Enterprises and Women Business Enterprises Affidavits (Attachment B)
3. Household Characteristics Form with HOME assisted units identified (Attachment C)
4. Compliance Report (Attachment D)
5. Project Completion Form (Attachment E)
6. Architect's Certification (Attachment F)
7. General Contractor's Certification (Attachment G)
8. Energy Star Certification Certificate (Attachment H) – ((contact Mike Glen 538 8666)
9. Current Rent Roll
10. Current property/liability insurance policy listing Olene Walker Housing Loan Fund as a mortgagee loss payee and additional insured.
11. Affirmative Marketing Plan - if 5 or more HOME units.
12. Copy of blank tenant lease
13. Copy of Tax Credit 8609 form – if tax Credit Project
14. CPA Certification of Costs Report, Building by Building
15. Copy of Certificate of Occupancy- New Construction
16. Copy of final inspection and sign off by local building inspector - Rehabilitation
17. Copy of final appraisal submitted to priority lien holder- if required.
18. Final Davis Bacon worksheet – if required.

ATTACHMENT A

PROJECT SOURCE OF FUNDS STATEMENT

HOME FUNDS	IDENTIFY SOURCE		
		AMORTIZED LOAN	
		GRANT	
		DEFERRED PAYMENT LOAN	
		CASH FLOW	
		OTHER	
		OTHER	
		TOTAL	
PUBLIC FUNDS	IDENTIFY SOURCE		
		OTHER FEDERAL FUNDS	
		STATE/LOCAL FUNDS	
		TAX-EXEMPT BOND PROCEEDS	
		TOTAL	
PRIVATE FUNDS	IDENTIFY SOURCE		
		PRIVATE LOANS	
		OWNER CASH CONTRIBUTION	
		PRIVATE GRANTS	
		TOTAL	
		PROCEEDS	
		PROCEEDS	
		TOTAL	
		ACTIVITY TOTAL FUNDS	

ATTACHMENT B

**MINORITY BUSINESS ENTERPRISES
&
WOMEN BUSINESS ENTERPRISES**

MINORITY BUSINESS ENTERPRISES

	TOTAL	Alaskan Native or American Indian	Asian or Pacific Islander	Black Non- Hispanic	Hispanic	White Non-Hispanic
CONTRACTS:						
1. Number						
2. Dollar Amount						
SUBCONTRACT:						
1. Number						
2. Dollar Amount						

WOMEN BUSINESS ENTERPRISES

	TOTAL	WOMEN BUSINESS ENTERPRISES (WBE)	MALE
CONTRACTS:			
1. Number			
2. Dollar Amount			
SUBCONTRACTS:			
1. Number			
2. Dollar Amount			

ATTACHMENT C

HOUSEHOLD CHARACTERISTICS OF HOME ASSISTED UNITS

[illegible]

ATTACHMENT D

COMPLIANCE REPORT

Date: _____

We, _____ (project developer) are aware that provisions of HOME funds for the _____ (project name) renovation and/or new construction project will make this project susceptible, during the period of affordability, to the requirements of:

- _____ Equal Employment Opportunity Act
- _____ Civil rights Acts, Titles VI and VII
- _____ Fair Housing Act, 24 CFR Part 92, Subpart H, Section 92.350 (Attach documentation, i.e. signage on project, fair housing logo displayed, adds in media, etc. Document outreach to minorities.)
- _____ Age Discrimination Act
- _____ Minority Business Enterprise Act, Section 281 of the National Affordable Housing Act (Attachment B)
- _____ Section 504 of the Rehabilitation Act of 1973, as amended (28 USC 792) (Attach documentation showing units that meet the Section 504 requirement)
- _____ Architectural Barriers Act of 1968, as amended (42 UCS 4151). (Attach documentation showing common areas and parking area meets requirements.)
- _____ Uniform Relocation Assistance and Real Properties Acquisition Policies Act of 1970, as amended by the Uniform Relocation Act Amendments of 1987, Title IV of the Surface and Transportation and Uniform Relocation Assistance Act of 1987. (Attach relocation documentation on rehabilitation required)
- _____ Davis-Bacon Act, the Copeland “Anti-Kickback” Act, and the Contract Work Hours and Safety Standards Act (CWSSA).(Attach Davis Bacon Documentation, if required)

We hereby state our intention to comply with these requirements and to furnish to the Department of Community and Culture, Division of Housing and Community Development, the administrator of the Olene Walker Housing Loan Fund, all necessary certifications, declarations, and plans required by these Acts.

Developer: _____

By: _____

(Title)

ATTACHMENT E

PROJECT COMPLETION FORM

ACTIVITY TYPE

____ (1) CONDOMINIUM

____ (2) COOPERATIVE

____ (3) SRO

____ (4) APARTMENT

____ (5) OTHER

IS PROPERTY FHA INSURED? ____ YES ____ NO

IS PROPERTY MIXED USE: ____ YES ____ NO

IS PROPERTY MIXED INCOME ____ YES ____ NO

TOTAL COMPLETED UNITS IN PROJECT ____

HOME ASSISTED UNITS ____

ARE THE UNITS ____ FIXED OR ____ FLOATING

OF THE UNITS COMPLETED, THE NUMBER:

	TOTAL	HOME ASSISTED
MEETING ENERGY STAR STANDARDS NEW CONSTRUCTION	____	____
MEETING ENERGY STAR STANDARDS REHABILITATION	____	____
SECTION 504 ACCESSIBLE- (5% OF TOTAL UNITS)	____	
OF THOSE, THE NUMBER FOR THE VISUALLY/HEARING IMPAIRED	____	
DESIGNATED FOR PERSONS WITH HIV/AIDS	____	____
OF THOSE, THE NUMBER FOR THE CHRONICALLY HOMELESS	____	____
DESIGNATED FOR THE HOMELESS	____	____
OF THOSE, THE NUMBER FOR THE CHRONICALLY HOMELESS	____	____

PERIOD OF AFFORDABILITY

____ 15 YEARS

____ 30 YEARS

____ OTHER – IDENTIFY NUMBER OF YEARS

ATTACHMENT F

ARCHITECT'S CERTIFICATION

ATTACHMENT G

GENERAL CONTRACTOR'S CERTIFICATION

ATTACHMENT H

ENERGY STAR CERTIFICATION CERTIFICATE

ATTACHMENT I

PROJECT SPECIAL CHARACTERISTICS FORM

IS THE PROJECT LOCATED IN ONE OF THE FOLLOWING:

- ☐ CDBG STRATEGY AREA
- ☐ LOCAL TARGET AREA
- ☐ PRESIDENTIALLY DECLARED MAJOR DISASTER AREA
- ☐ HISTORIC PRESERVATION AREA
- ☐ BROWNFIELD REDEVELOPMENT AREA
- ☐ CONVERSION FROM NON-RESIDENTIAL TO RESIDENTIAL USE

WILL THIS PROJECT BE CARRIED OUT BY A FAITH-BASED ORGANIZATION ☐ YES ☒ NO